

By Dr Samuel Ow

The Art of Medicine

“The Art of Medicine consists of amusing the patient while Nature cures the disease.” – Voltaire

“Doctors are unhappy.” That is how the opening line of a *British Medical Journal* article on the growing trend of disgruntled doctors in the United Kingdom went. Short and to the point. Brutally honest, one could say. In fact, the author went as far as to name it “a worldwide phenomenon”.

Of late, I have been reminded one too many times that our profession is not exactly a bed of roses, media exposes on erring doctors aside. A good friend of mine recently went through an inquiry during which anguished relatives lashed out viciously at her for “causing a patient’s death”. This despite devoting her time, doing the relevant investigations, notifying her seniors and making the urgent consults, all on a lazy Saturday afternoon, when white-collared executives would be walking their dogs in the park, catching a movie, or dare I dream, still be nestled in bed. Yes, and yet, in her budding 10-month-old career, she has broken down countless of times, and is now contemplating giving up.

And did I mention, the numerous peers who have had enough with the crazy calls where octogenarians of the world synchronise their chest pains, when all the 7-hour-old IV cannulas fall out in unison, and groups of patients come wheeling in with the all-encompassing diagnosis of Sepsis/Septicaemia. Already, I have heard too many times, the same ramblings of: “If I had to start all over again, I would never have chosen Medicine”.

All these invariably make me question: “Is Medicine really such a bad profession?” Have I any regrets in choosing this path? Having said this, I cannot deny that I have doubted my career choice as well. It is hard not to, especially when the patients and their families are making unreasonable demands; when the number of new cases pile up next to the four sets of blood cultures and numerous bloods that I have yet to take. Or when my stomach growls for the umpteenth time, thinking that I have forgotten the basic need for sustenance. It is during times like these that such fleeting (yes, fleeting) thoughts run through my head – why can’t I just be a lawyer, banker, or any other PMEB?

Then a counter-thought bounces back: “Why wouldn’t I want to be in this job?” I am starting my career at a time when there are exciting advancements in the medical sciences, in which lies endless possibilities and many opportunities. This is an apprenticeship where I get to be mentored by skilled clinicians who never fail to impress me with their knowledge and acumen. More importantly, I am in a unique profession where I am able to provide care for people who allow me into the privacy of their lives and family. Where besides knowing that the 58-year-old lady in Room 11 Bed 9 was now admitted for per-rectal bleeding after having had a colectomy for colorectal cancer 10 years ago, I also find out that she badly wants to go home to celebrate her



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4-year-old granddaughter's birthday, even while she fears the possibility of a recurrence.

It is only after I started working that I am reminded that the patient is no mere vessel of disease, but a full-blooded fellow being with her own views and fears of her condition. Gradually, I find that I need not only be the doctor, but a friend and a listening ear as well. It is also in the hospital where I am able to witness the love that exists between a parent and a child, husband and wife, and mutual friends. Which other profession provides the experience that ours does?

Granted, our job is not perfect. Ever so often, I get accosted by patients' relatives for an explanation of why the best care was not provided. It is tough enough being at the bottom of the hospital hierarchy, and yet I still have to grapple with questions such as: "Why was the CT scan not done urgently?", "Why can't you just perform surgery on my father now?", "Why is the fever still there (Hour 5 of IV Rocephine)", "Why are the vegetables overcooked?" Questions like the last one still puzzle me; I cannot explain why the broccoli is yellow, and not bright-green and crisp like they are at Morton's, but I do understand why they can be so worried. The hospital is not exactly the place everyone hopes for their loved one to be in. In this unfamiliarly sterile environment, with which one inevitably associates physical suffering and death, it is understandable that the patient and his family would become highly anxious. And who better to emote all this to, than the junior doctor standing conveniently in the ward?

I do get angry and indignant when I feel unfairly treated. But how would my anger benefit my patients, or even myself? I already go about work with a baseline scowl (blame it on my congenital frown), I do not see how being in a really bad mood would help me handle the situation better. If anything at all, the poor 102-year-old grandma in the neighbouring bed, bless her weak heart, would have to bear the brunt of my anger as well.

This is probably the best time to put those communication skills we learnt during COFM lectures to use, though I must say I was never the most attentive student. Perhaps, just setting time aside to listen to their concerns and empathising with them would help us to understand them better. Surely if we see what they see and feel as they feel, we would better appreciate their concerns and be able to provide better support. And if we approach them with the patience and kindness of the good doctor we all aspire to be, we just might be able to bring about a change

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in their response. I did not say it would be easy, but I have seen experienced clinicians work their magic just by being genuine. Would it hurt to give it a try?

There are also gems of patients amongst the ill-mannered and ungrateful ones. There is the young boy with craniopharyngioma who gives me a drawing of my own image to thank me despite his failing eyesight. And the cute bedridden granny who smiles ever so brightly with "It's you again" whenever I give her a wake-up call to take her 6 am renal panel. Yes, these patients may not be in abundance, but it is their timely presence during my moment of despair that reminds me of why I still choose to carry on. How can I give up, when they have not given up on themselves?

Perhaps we have differing attitudes towards our line of work. Do we become doctors so that we can be revered as saviours? Do we work back-breaking hours hoping to be financially rewarded? Probably not, because by now, we know (I know) that this is not the case. However, it really brightens up my day when I see my patient getting better; even if she had scolded me two days ago for taking blood from her. Maybe we would find greater joy in work if we realise that it is in serving others and providing comfort that we derive satisfaction.

I do not look at this world through rose-tinted glasses. Neither have I lofty ideals, in case you have been misled. When I meet up with my fellow housemen during gatherings, the conversation never veers too far from the usual grouses of work. But indulging in the occasional complaint provides the much-needed release from the daily grind of life. Perhaps, we do not really want to give up; nor do we really want to quit our jobs. Well, at least I do not, for everyday, I find reason to believe that I will stay in this profession, and hopefully be able to contribute much more for a very long time. I cannot say that I 'lurvvve' it to bits, but I do enjoy my work and there is no other career that I would rather have chosen. ■